

National Star Foundation Foundation House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was unannounced and took place over two days on the 19 and 20 January 2015. Foundation House was registered by the Care Quality Commission in September 2014 and this is the first inspection of the service. Foundation House is owned and managed by the National Star Foundation and has close links with the National Star College based near Cheltenham.

Foundation House provides long term accommodation and care for 11 people with a physical disability and/or learning disability. There were 11 people living at Foundation House at the time of our inspection. Personal

care is also provided by Foundation House for one person living in a flat on the first floor. There are an additional two flats on the first floor but people do not receive personal care from staff at Foundation House.

People have rooms with en-suites which include showers. Rooms are provided with overhead tracking to assist with people's moving and handling needs. A sensory bath is provided. People share a dining room and lounge on the ground floor. There is also a kitchen, dining room and lounge on the first floor. Lifts provide access to the first floor. Grounds around the home are accessible to everyone.

Summary of findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was registered to oversee four locations owned and managed by National Star Foundation. To support her at Foundation House a manager had been appointed.

People had been fully involved prior to the home opening in deciding who they wished to live with and choosing the décor of the environment. Two people had their accommodation designed specifically for their individual needs. Other people had adaptations made to their rooms to make sure their independence was promoted. If they needed equipment this was provided. Where changes were needed to make sure the environment continued to promote their independence this was arranged. Referrals were made to the appropriate health care professionals to ensure adaptations and equipment matched their individual needs.

People had voted for representatives to help manage and monitor the quality of service provided. During our inspection one person discussed with the cook new menus and another person reported environmental issues which needed addressing. The views of people, their relatives, staff and other professionals were sought to monitor the quality of the service provided. Their feedback was used to make improvements where needed.

People's care and support reflected their routines, likes and dislikes and future goals. Staff had an exceptional understanding of people's needs and how to deliver care

respectfully and sensitively. People's dignity and confidentiality were promoted. People enjoyed the company of each other and staff. People were involved in developing their care plans and expressing how they wished to be supported and cared for. Innovative methods of communication were used to enable people to express themselves. Developing life skills to maintain and increase their independence was part of their daily routine. They had access to a range of activities which reflected their interests both in their local community and at home. A relative commented, "We can see (name) is happy, well looked after, mentally and physically. Everyone is so caring and positive."

People were supported to stay well. A nursing team monitored their health and wellbeing on a day to day basis. Medicines were administered safely and at times when people wished to have them. Nutritional needs were considered and if people were at risk of malnutrition their food was fortified with supplements to maintain their weight. People were involved in discussions about their health and wellbeing.

Staff had access to a robust training programme to equip them with the skills and knowledge to support people. Individual meetings with the manager and annual appraisals gave them the opportunity to reflect on their performance and to identify future training needs. They had a good understanding of how to keep people safe and how to support them to make decisions. Managers were open and accessible and staff were confident they would listen and respond to any concerns they raised.

People gave feedback about the service they received and this was used to shape developments and improvements. The provider ensured managers had the support and resources they needed to maintain and develop standards at Foundation House.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People were given guidance and support about staying safe, bullying and discrimination.

People were supported to take risks whilst hazards were reduced in the least restrictive way possible.

People were supported by enough staff who had the skills, knowledge and experience to meet their needs.

People's medicines were managed safely and kept securely.

Good



Is the service effective?

The service was effective. People were supported by staff who had the skills, knowledge and experience to meet their individual needs.

Staff understood the requirements of the Mental Capacity Act 2005 and the deprivation of liberty safeguards. When needed people's capacity to make decisions about their care and support was assessed.

People were supported to eat and drink well. People were supported to stay healthy and were involved in making decisions about their health needs.

The design and adaptation of Foundation House supported people's diverse needs encouraging them to be as independent as possible.

Good



Is the service caring?

The service was caring. People were helped to express their views using creative and innovative methods of communication. Staff treated people with kindness and sensitivity, acknowledging their diversity, background and preferences.

People were listened to and their views respected when planning their care. They were given information to make decisions about their care and support.

People's privacy, dignity and confidentiality were respected and promoted. People were supported to develop independence by a highly motivated staff team.

Outstanding



Is the service responsive?

The service was responsive. People's care was individualised and reflected their routines, preferences and hopes for the future. They were supported to follow and pursue their hobbies and life style choices.

People received their care and support when they wanted it and how they wished it to be delivered.

People knew how to raise concerns and were confident they would be listened to and action would be taken to address any issues they raised.

Good



Summary of findings

Is the service well-led?

The service was well-led. People and staff were involved in developing the service to provide a home for life, if this is what people wanted. They had opportunities to express their views and give feedback about how they wished their home to develop.

Quality assurance processes were used to monitor the standard of the service provided and to make improvements where needed. The goals of the managers and staff were to build on the excellent start at Foundation House to deliver outstanding care.

Good



Foundation House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 19 and 20 January 2015 and was unannounced. One inspector carried out this inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we have about the service.

As part of this inspection we spoke with six people living in the home, one person in receipt of personal care, the registered manager, the manager, a nurse, seven care staff, the cook and the housekeeper. We reviewed the care records for three people including their medicines records. We also looked at four staff records, quality assurance systems and health and safety records. We observed the care and support being provided to people. Two people showed us around the home and four people showed us their rooms. We looked at feedback the provider had received from people, relatives and social care professionals. After the inspection we received feedback from one social care professional.

Is the service safe?

Our findings

People confirmed they felt safe living in the home. A person told us how staff had given them guidance about how to stay safe when out in the community. They said they were supported and monitored by staff until they had been assessed as confident and capable to go into the local area safely. One person described how they protected themselves against discrimination they faced in the community and how staff had advised them to respond. Information was given to people about how to tackle bullying or harassment.

People knew how to raise concerns and told us about the safeguarding team at the college which they had access to. Posters were displayed around the home and each person had a personal copy of action they should take. Advice was also given about staying safe when using email, mobile phones or other types of social media. A person said, "I am always cautious when going out alone." The manager told us, "I am confident residents are safe." Where people needed support to manage their personal finances procedures were followed to keep their money safely.

People's safety and how to recognise possible abuse were clearly understood by staff. They described what they would look for, what action they would take and how they would make sure people were kept safe. Training in the protection of adults had been completed by all staff. Posters were displayed around the home reminding staff of the safeguarding procedures and who to contact. The safeguarding procedure and details of the college's safeguarding team were accessible to all staff in the main office and on the provider's website. The manager had completed advanced safeguarding training with the local authority and was fully aware of the local procedures.

Staff had confidence any concerns they raised would be listened to and action taken by managers. They said managers were accessible through face to face contact or via email. There were arrangements in place for staff to contact management support out of hours. There was a whistleblowing policy and procedure in place. Whistleblowing is where a member of staff raises a concern about the organisation. Whistleblowers are protected in law to encourage people to speak out.

People described how they were supported to be independent around their home and out in the community.

They were aware of the hazards they faced and the strategies put in place to keep them safe. The provider information return stated the least restrictive options were a priority when completing risk assessments with people. One person said they carried a mobile phone with emergency contact numbers when they were out alone in the local area.

Risk assessments highlighted the effects of potential hazards and how risks were limited. Where checks were needed to keep people safe during the day or overnight these were carried out by staff. If equipment was needed to prevent harm this was provided by a physiotherapist or occupational therapist. For example, when a person had a fall they were referred to a physiotherapist to reassess their walking aids.

When people had an accident or were involved in an incident this was recorded along with the actions taken to prevent these happening again. The manager audited these records to make sure any actions had been completed and people were protected from further harm. For instance, a bed which lowered to the floor was provided to prevent harm if a person fell out of bed. People who had cut themselves when using knives to prepare food were given additional training about the safe use of knives.

Day to day repairs were dealt with in a timely fashion to keep the environment and equipment safe. Checks and servicing of equipment were arranged to make sure equipment was in working order. Fire systems helped to ensure people would be safe in the event of fire. Risk assessments described how people should be evacuated if needed. A plan outlined action staff should take in emergencies.

People's needs had been assessed to identify the staffing levels needed to meet their needs. Care plans and risk assessments stated the number of staff people needed for certain tasks such as moving and handling. Staff who could drive worked at times when a driver was needed.

Nursing cover was provided for eight hours each day with on call support from the college. One person told us they had four and a half hours support per day and they decided when to receive this. However they had to fit in with when other people received their care and occasionally they had to wait. The person in receipt of personal care said they had discussed how they wished their hours to be allocated. They said they liked to have the same staff work with them

Is the service safe?

and this happened in the main. Their hours could be changed to reflect their schedules and staff were extremely flexible in their response to requests for changes to the rota.

People told us staffing levels were a problem at weekends. The registered manager and manager said they had appointed additional staff to work weekends and this would alleviate these problems. They currently used agency staff to maintain staffing levels at weekends and in the week if needed. Staff rotas confirmed minimum staffing levels were met. The manager said there was a great deal of flexibility and the numbers of staff would be increased to reflect changes in people's health or their commitments.

People were supported by staff who had been thoroughly checked to make sure they had the right character, skills and knowledge to meet their needs. Robust recruitment and selection procedures included obtaining information from past employers about why people had left their employment and obtaining a full employment history. Disclosure and barring service (DBS) checks were received for each new member of staff before they were allowed to work with people. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. Agency staff had also been through this process.

People were asked for their consent to administer medicines. The administration and management of medicines followed guidance from the Royal Pharmaceutical Society. Medicines administration records (MAR) were completed satisfactorily. Any medicines prescribed to be given as necessary were monitored and guidance explained when these medicines should be given. Over the counter remedies had been authorised by the GP. Where people had allergies these were highlighted on the MAR. For people at risk of epileptic seizures the MAR highlighted in red the action staff should take to administer emergency medicines and when to call for an ambulance.

Systems were in place for the safe administration of medicines which needed to be securely stored and managed. If people living in Foundation House wished to administer their own medicines they completed training and an assessment before being given control of their medicines. A person said this helped them to become confident, taking gradual steps to achieving independence. Each person had lockable facilities in their rooms in which to store medicines. Staff completed training in the safe handling of medicines and their practice was observed and monitored to make sure they were competent.

Is the service effective?

Our findings

People were extremely happy with the care they received from staff. They said staff understood their routines and the way they liked their care and support to be delivered. Staff described how they supported people in line with their assessed needs and their preferences for the way in which their care was provided. People told us, “Staff are great”, “Staff are nice” and “Staff are good at their jobs”. Feedback from social workers included, “Good inclusive approach and dedicated and committed staff” and “Communication between the staff team is good with positive, pleasant and competent staff”. A relative commented, “The quality of staff and the opportunities are good.”

People were supported by staff who had the opportunity to develop their skills and knowledge through a comprehensive training programme operated by the National Star College. Staff told us they had to complete the college’s induction training even if they had already done the training in previous employment. They said the training was simple, relevant and covered the basics they needed to know. One member of staff said the training was “Brilliant”. Additional training such as the use of specialist equipment or sensory needs was available.

As part of their induction staff completed training specific to the needs of people they supported for example, wheelchair training, physiotherapy stretches and feeding and swallowing. Staff had the opportunity to develop professionally by completing the diploma in health and social care. Over 65% of staff working at Foundation House currently had this award or the equivalent. The provider information return stated receiving and reading regular bulletins from external agencies “ensures all areas are working to best practice”.

Training needs were monitored through individual support and development meetings with staff. These were scheduled every six weeks. Staff discussed the support and care they provided to people, reviews of people’s care, health and safety issues and their training needs. Staff added other items to the agenda if they wanted to discuss particular issues such as staff dynamics or the development of the service. New staff confirmed they had named staff to mentor them through their induction. They had also completed probationary assessments to make sure they had the relevant skills and knowledge to perform their role.

People’s capacity to consent and make decisions had been assessed in line with the Mental Capacity Act 2005. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff knew people might have fluctuating capacity to make decisions about aspects of their care or support. They described how they supported people to make decisions and choices.

We saw staff seeking permission to help people and offering them choices about their day to day care. Some people had been assessed as needing help in their best interests to make larger decisions about their future. There was evidence of an assessment under the MCA and who had been involved in the decision making process.

Three people living in the home had been assessed as being deprived of their liberty. They had been assessed as being unable to consent to living in the home. A deprivation of liberty safeguard (DoLS) standard authorisation had been submitted to the local authority. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The manager and staff had a good understanding of the MCA and DoLS. People had other restrictions placed on them to keep them safe from possible harm. For example, wearing a lap belt in their wheelchair or having bed guards on their bed. Where able people had consented to the use of restrictions and this was recorded in their care records.

People helped to plan the menu. Meals were planned over a four week period. A choice of two main meals were offered each day. Alternatives were provided if people did not like the options available. The cook discussed people’s individual needs and how their food was prepared to meet their requirements. For example, some people needed their food pureed or cut up, others needed food to have additives such as cream, butter or sugar.

Where people were at risk of weight loss this was monitored through regular checks on their weight and a record of their daily intake was kept. One person told us, “I have a difficult diet. I may choke so can’t eat some foods.” They were involved in planning their meals to encourage them to eat and maintain their weight. People were prompted to eat well and healthily. Some people needed encouragement to drink sufficient amounts. Their care

Is the service effective?

records made this clear and daily records were monitored to make sure they were drinking enough. People chose where and how to eat their meals. People liked to eat their meals in front of the television, in the dining room or in the first floor dining area. One person liked to use a lap tray and other people used specialist equipment.

People had been registered with two local GP surgeries. They had chosen who they wished to register with. Their health care needs were discussed with them. A record of appointments was kept in their daily records and in their care records. This was so staff could monitor the outcomes of appointments and also when future appointments were needed. Appointments with an optician, dentist and outpatient clinics were made when needed. People raised health concerns with the staff or the nurse and received prompt attention and treatment. Staff support was provided when people needed to stay in hospital.

People had been involved in choosing fixtures, fittings and the décor of the home. Their rooms were individualised to reflect their lifestyles and their individual needs. Where adaptations or specialist equipment were needed these had been provided. Two people had their accommodation designed specifically for them. People had sufficient space both inside and outside of the home appropriate to their needs and to accommodate their wheelchairs.

Shared areas offered places to be together or to spend time alone. Visitors could be entertained in their rooms or in shared areas. People had key fobs to gain entrance to the home and to their rooms promoting their independence. Signs around the home were suitable for people with sensory needs and at a height appropriate for people using wheelchairs. A person living in the home had the lead role for health and safety and raised any environmental concerns with the maintenance team.



Is the service caring?

Our findings

People were treated with sensitivity, patience, kindness and respect. Staff were attentive to the needs of people responding to them quickly. When supporting people staff gave them their undivided attention and focussed on their individual needs. They understood people well and knew their personal history and backgrounds. They explained how people liked to be supported reflecting their likes, dislikes and preferences which had been highlighted in their care records. People told us, “Staff are excellent” and “They are brilliant”. The provider received feedback from a relative which stated, “We can see (name) is happy, well looked after, mentally and physically. Everyone is so caring and positive.”

People had a variety of ways to communicate and express themselves. Staff used sign language, interpreted people’s body language or used electronic aids. Whichever method people used staff encouraged people to express themselves, listened to them and responded appropriately. People were given time and space to talk with staff and other people living in the home.

Staff described how they enabled a person with complex needs to make decisions about their care. They asked closed questions which prompted a yes or no response. A member of staff told us, “You moderate your language with everyone, reflecting their communication needs. One person likes banter, another person responds to singing and others use sign language or mimic speech”. If people were upset or needed reassurance this was given in a calm and caring manner. Meetings with staff, residents’ meetings and conversations with the manager helped people to express their views and take an active role in planning and making decisions about their care. Information was available in accessible formats including easy to read.

Staff understood people’s personal needs in respect of their age, spirituality and disability. People had been involved in developing their home and the service provided for them. They had chosen colour schemes for their rooms and been consulted about how the environment should be adapted to meet their needs. A social worker said, “An excellent service, very person centred and accessible to the individual.” The provider information return (PIR) stated, “Any specific religious, cultural and social needs are respected and staff work hard to make any necessary

changes to meet individual requirements.” People who chose to attend a local place of worship each week. People said they invited friends and relatives to visit them whenever they wished.

People’s preferences for help with their personal care had been discussed with them. They had identified whether they wished to have male or female staff to support them and this was respected. Staff were exceptional at enabling people to maintain and develop their independence.

Independence was promoted from small steps such as undertaking some of their personal care to larger steps such as spending time in the community without staff support. One person told us, “I am really pleased with the amount of independence I have achieved.” People were supported to feel in control of their lives by directing staff to deliver personal care in the way they wished and choosing how to spend their time.

Staff took their lead from people when providing care and support considering their wishes, aspirations and beliefs. As a result, people received a highly personalised service whether living in their own home or in Foundation House. They had developed positive relationships treating each other with mutual respect.

People were involved in planning their care. They said they talked to the member of staff allocated to help them plan their care needs (key worker). One person told us, “It’s my personal preference if staff check on me overnight. I get up when I want and go out when I want.” They showed us their care plan which had been changed after discussion with staff to reflect how they now wished to be supported by staff with their personal care. Another person described how they had worked with managers and staff to develop their care plans “to say exactly how I like things, it’s important for me to be able to direct my own care”.

Some people had personal advocates to help them express their wishes and plans for the future. One person said, “I have two people I can call if needed, my advocate and my key worker.” Information was available on the provider’s website about how to access advocacy.

People’s privacy and dignity were promoted. Staff discreetly supported people when asked with personal care. People were asked if they wished to have their medicines in shared areas or in their rooms. Staff respected their decision. Information about people was stored securely and kept confidential. Staff closed the door to the



Is the service caring?

office when discussing confidential information. Training had been provided to staff in equality and diversity, boundaries and good practice and basic care delivery equipping them with the skills to understand and deliver care respectfully.

The PIR stated, “Staff and residents are all expected to be respectful towards each other and staff always ensure that the dignity and privacy of each resident is considered at all times”. The manager said observations of staff delivering care and support helped to ensure their performance was of the highest standards.

Is the service responsive?

Our findings

People had been involved in the assessment of their care to make sure Foundation House was able to meet their individual needs. Personalised plans of care had been developed with them to take into account their routines and the way they wished to be supported with their care. Care records clearly stated what people could do for themselves and what they needed help or prompting to achieve.

An important part of living in Foundation House was to develop life skills. Each person had an assessment and plan in place to help them develop and to become more independent in key areas of their life. For example, where people wished to move onto supported living they had the opportunity to learn the skills needed such as considering the support they would like from staff. A social worker commented, “An excellent service, very person centred and accessible to the individual.”

People met with staff to discuss and review their care and support needs. Records were updated to reflect these meetings. One person spoke with the manager about their care needs and said, “Do we need to update (care plans) on Friday at my key worker meeting?” The registered manager said all staff were directed to use people’s care records stored in their rooms as the most up to date version of their care needs. Care records kept electronically were amended by staff to reflect the paper records.

The manager said reviews had started to take place for people and were being scheduled throughout the year. This gave people, their relatives, advocates and others involved in their care the opportunity to assess whether the care they were receiving reflected their individual needs and their future plans. A social worker told us, “The flexibility of the arrangement for provision of care services and support has enhanced life and it is very encouraging to be involved with such a responsive and individual service.” Staff said, “It’s good to see people thriving.”

Some people attended the National Star College full time and others were able to take part-time or evening classes. People were also able to use other facilities at the college

such as the swimming and hydrotherapy pool, physiotherapy and speech and language support. Locally people liked to attend drama and art classes, as well as local groups affiliated to places of worship and a college. People chose how to spend their day and enjoyed going into the city centre shopping, for a drink or for a meal. They went to local pubs, the cinema and bowling. One person was planning a holiday abroad. Whilst at home they chose how to spend their time listening to music, watching the television, using one of the computers provided for them or socialising with each other. People were supported to look for voluntary and paid work opportunities.

Care was provided at times to suit people. They agreed with staff when they wished to get up, go to bed and when they needed individual time. The person receiving personal care said they knew the times staff would be providing their support telling us, “I work closely with managers to work out when I need my care. I use social time at weekends to go shopping, do chores and to go out in the community. I really enjoy that time.” Some people living in the home were supported to identify when they wished to have staff support as part of their development towards more independent living. People were provided with equipment and adaptations to meet their needs and in line with relevant legislation. A person told us, “Environmental adaptations were needed so I could be fully independent.”

People told us they would talk to staff or the managers if they had any concerns. They were confident they would be listened to and action would be taken to address any concerns they may have. One person said, “They have an open door policy in the office, it really is always open and they speak with you if you have any concerns. We work together to find a way of making it work.” The complaints procedure was displayed in the reception area. Each person had a personal copy in their rooms and also had access to it on the provider’s website. The provider information return stated, “Staff are keen to learn from any concerns or compliments and use the information and feedback provided to influence a better service going forward.” Managers commented they would respond to complaints quickly. No complaints had been received by the provider. They had received four compliments.

Is the service well-led?

Our findings

The provider's vision and mission for their organisation was for "a world in which people with disabilities are able to realise their potential as equal and active citizens in control of their lives." A member of staff confirmed, "We carry on the ethos of the National Star Foundation." The manager said the vision for Foundation House was "to provide a home for life, if people wish this, and to promote independence and life skills which are embedded into home life".

People gave feedback about the service they received at reviews of their care and support, at individual meetings with staff and during residents' meetings. People, their relatives and social and health care professionals had been asked to give feedback about their experience of the home. This had all been very favourable. Relatives said, "Happy atmosphere", "Very pleased with how happy he is" and "The quality of staff and the opportunities for (name) are very good".

Quality assurance audits involved people facilitating living in the home to monitor systems such as health and safety, infection control and food hygiene. Foundation House had received the top award of five stars from the local environmental health agency for the management of food. Other audits completed by staff included monitoring the quality of care records, medicines administration and delivery of care. Any issues were recorded and it was evident action had been taken to address these. For example, carrying out regular fire practices. Accident and incident records were checked to assess whether trends were developing and to make sure the appropriate action had been taken to improve the service provided.

The way in which staff supported people was monitored through a care audit. These were carried out by an external assessor who observed staff providing care and support. Staff were graded and actions would be identified for improvement if needed. The manager confirmed all staff had been graded as good or outstanding. The manager said if issues had been identified staff performance would be monitored through the support and development meetings. An action plan would be drawn up to identify what needed to be done by staff such as additional training.

Staff were confident any concerns they raised would be listened to and investigated. One member of staff said, "No matter what the problem is or how small you can always pop into the office to talk with the manager." Staff meetings were held each week so that staff could discuss their views about the care provided and the way the service was developing. Staff said, "The manager is always around and you can always email" and "Managers are fantastic, they get straight back to you". A social worker commented they found managers and staff, "Very open and willing to discuss issues and concerns".

People were involved in discussions about who should live in the home. The registered manager said, "It was so important to get the people living together right. People were involved early on in choosing who lived here and choosing the décor etc." Residents' meetings gave people the opportunity to discuss how they wished the service to develop. At recent meetings they had discussed the quality of meals and whether they should have a milkman to deliver their milk. People had been elected as representatives for roles such as meals, cleanliness and health and safety. Menus had been reviewed and a new selection of meals had been suggested by representatives for consideration by people.

The culture of the service was monitored through observations of staff carrying out their roles and responsibilities and through feedback from people living in the home. Staff received constructive comments about their performance and support to develop further if needed. Staff received support from managers to develop professionally. The provider information return (PIR) stated, "Relationships are built on mutual respect and are open and honest" and "The culture and ethos of the home is evident when you visit. It is often commented upon that Foundation House has the feeling of a professional well run home, yet relaxed, happy and a lovely place to be". People told us, "It's brilliant", "Excellent" and "I love it here". The atmosphere in Foundation House was very calm, interspersed with shared laughter and conversation.

The registered manager was responsible for four services and was supported at Foundation House by a manager, deputy manager, nursing and senior staff teams. She understood her responsibilities including when to submit notifications to the Care Quality Commission. Services tell

Is the service well-led?

us about important events relating to the service they provide using a notification. The registered manager attended a national care forum for specialist colleges to share best practice and promote outstanding care.

The PIR stated the registered manager worked with the manager and managers of other residential services to “ensure all areas are working to best practice”. They received regular bulletins from external agencies such as CQC, Ofsted and national guidance about children and adults. The manager was part of a local learning exchange

which met to discuss and share current best practice. Managers also took part in a national care forum to learn and share experiences with other providers. The provider information return (PIR) stated staff were “kept fully up to date on any legislative changes and respond to those accordingly”. The PIR stated the managers would work closely with the provider, “to ensure they had all the support and resources available to them to sustain the excellent start to the running of Foundation House”.